

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10.1585424

11.7.2017

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
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MULTIPLE DEPENDENT CLAIM CALCULATION SHEET (FOR USE WITH FORM PTO-875)						FEE	SERIAL NO. <div style="font-size: 1.2em;">101 585424</div>	FILING DATE <div style="font-size: 1.2em;">7.7.2006</div>			
CLAIMS											
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT						
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	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT						
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